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ABSTRACT

A project was conducted to develop and deliver training on case management procedures for adult educators. The project trained adult instructors on techniques, processes, and procedures of effective client case management through a series of workshops and discussion group sessions. The case management approach is based on the assertion that increased contact with adult learners will increase comfort level in the educational setting which will, in turn, increase retention rates. The project recommended that any adult education program adopt a case management approach to student service in order to increase student satisfaction and retention. A manual was compiled covering the three phases of the project: training, system development, and implementation. Local impact of the project was positive. (KC)

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ED 419 110

CASE MANAGEMENT FOR ADULT EDUCATORS

Final Report

by
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Lewistown, PA 17044
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federal funding: $5,000
project number: 98-7018

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Case Management for Adult Educators

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Abstract

Grant Recipient: TIU Adult Education and Job Training Center
MCIDC Plaza Building #58, 6395 SR103 North
Lewistown, PA 17044

Project No. 98-7018

Program Name: "Case Management for Adult Educators"

Grant Allocation: $5000

Project Period: From: July 1, 1996 to June 30, 1997

Project Director: Carol Molek

Project Purpose:

The project's goal was to develop and deliver training on case management procedures for adult educators. The project trained adult instructors on techniques, processes, and procedures of effective client case management. "Case Management for Adult Educators" was designed for local impact but is adaptable in all adult education settings. The project is based on the assertion that increased contact with the adult learner will increase comfort level in the educational setting which will, in turn, increase retention rates.

Objectives included:

1) Develop and deliver training on case management procedures, processes, and issues by conducting a series of workshop trainings and discussion group sessions.
2) Provide documentation by compiling a manual covering the three phases of the project: training, system development, and implementation.
3) Disseminate final report and training manual through the Tuscarora Intermediate Unit 11, regional Professional Development Centers, the Pennsylvania Department of Education, and the PA State Resource Centers.

The project specifically targeted adult educators in the TIU Adult Education and Job Training Center. Case management duties, in addition to instructional duties, require training on procedures for effective client case management. Audience to benefit is the larger adult education community concerned with more effective client case management training and processes.

Project Outcomes:

The project
- developed the training plan for case management procedures,
- completed case management training,
- followed-up on training and its effectiveness in practices,
- developed training, systems, and implementation,
- disseminated products.

The basis of this project became the foundation of the Case Management Module to be used statewide with coordinated delivery by the PDC's.

Impact:

Local impact of this project has been extremely positive. This project and training came directly from requests and needs of our staff. From this training our staff has become better at teamwork and problem solving; our students are showing more satisfaction and retention has improved.

Product or Training Developed:

The products include this final report and attachments featuring documentation regarding training, process development, and implementation.

Products Available From:

TIU Adult Education and Job Training Center, AdvancE, Western Pennsylvania Adult Literacy Resource Center.

Project Continuation and/or Future Implications:

This has been an extremely helpful project for our program. The basics assembled by this project will be available for new staff. However, case management in any organization needs to be an evolving system open to continuous improvement. We will be continuing work on our case management systems to have the systems meet our changing needs.

Conclusions/Recommendations:

It is strongly recommended that any adult education program adopt a case management approach to student service. Even a part time program can benefit from incorporating at least some principles of case management into the program operation. Benefits such as increased student satisfaction and retention will result.

Additional Comments:

Training through the Case Management Training Module is recommended as comprehensive skills training for adult educators who find themselves being called upon to provide case management to their adult learners.

Final Report
"Case Management for Adult Educators"
Federal Adult Education Act
Section 353

Introduction

1. Purpose

"Case Management for Adult Educators" addressed 96-97 priority C.2. - mini-grant, Special Experimental Project. The goal of this project was to provide development and delivery of training on case management procedures for adult educators. The project used a variety of methods in the development and delivery of training. Interactive methods such as discussion and peer assistance/mentoring measures were used. The trainings provided in the project allowed for techniques of case management to be used and case management tools to be developed and utilized. The project addressed local issues yet provided adaptable documentation for agencies statewide. This project became the basis for the development of a Case Management Training Module developed under another 353 project. "Case Management for Adult Educators" provided the opportunity for adult educators to receive training in an area vital to increasing retention and insuring quality services for adult learners. "Case Management for Adult Educators" trained adult instructors who also serve as intake workers, case managers, and counselors. As the majority of our staff has a background based in education, not social service, we felt that by providing this training, staff would be more comfortable with these areas of responsibility. The project concept was a result of a retention study

performed in our work as an Equal pilot site. Through our Equal study we learned that student retention improves when students are recipients of case management services. We based our work on the theory that by providing case management training and training on related issues we could increase retention through increased communication with our students.

Objectives of the project were to:

- Develop and deliver training on case management procedures, processes, and issues by conducting a series of workshop trainings and discussion group sessions.
- Provide documentation by compiling a manual covering the three phases of the the project: training, systems development, and implementation.
- Disseminate final report and training manual through the Tuscarora Intermediate Unit 11, Regional Professional Development Centers, the Pennsylvania State Resource Centers, and the Pennsylvania Department of Education.

2. Time frame

Phase 1: *July, August 1996*

Development and confirmation of training plan on case management procedures, system, and related issues.

Phase 2: *September 1996 through January 1997*

Implementation of the training plan to take place in weekly sessions.

Phase 3: *February 1997*

Implementation of case management and client tracking system.

Phase 4: *February through March 1997*

Development of manual and documentation related to training, procedures developed and implementation.

Phase 5: *March 1997*

Follow-up on training and implementation into practice. In addition, this served as part of the evaluation procedure.

Phase 6: *April through June 1997*

Development of manual and final report. Revisions and review of project. Dissemination of the project and its final products.

3. Key Personnel

"Case Management for Adult Educators" was administered by the Tuscarora Intermediate Unit 11. The Intermediate Unit sponsors all TIU Adult Education and Job Training Center programs. Center programs include: 322 Adult Basic Education and General Educational Development programs; Act 143 PA Adult Literacy; Job Training Partnership Act programs; Single Point of Contact; single parent/displaced homemaker services; and Even Start. In addition the Tuscarora Intermediate Unit has

sponsored 53 Section 353 special projects that have received statewide and national recognition. Because of the diversity of adult education programming operated by the Center the case management approach becomes essential when fulfilling the goals of a variety of funding sources and all participants.

Project Director was Carol Molek. Ms. Molek has over thirteen years experience directing adult education programs for the Tuscarora Intermediate Unit, developing and implementing special projects. Ms. Molek worked on this project as an in-kind match. Development of the project was done by various staff at the Adult Center including a case management team, a management information systems team, Equal project team developing and analyzing internal program quality, and instructors/case managers. In addition, input was solicited from other staff and students.

4. Audience

The audience for this report are program administrators and staff interested in providing more comprehensive services to their students.

5. Dissemination

Dissemination of this project will be made through the Tuscarora Intermediate Unit 11, the Pennsylvania Department of Education, AdvancE, WPALRC, and the regional Professional Development Centers. Permanent copies will be available through:

AdvancE

Pennsylvania Department of Education

333 Market Street

Harrisburg, Pa 17126-0333

or

Western Pennsylvania Adult Literacy Resource Center

5347 William Flynn Highway

Route 8

Gibsonia, Pa 15044

Body

1. Statement of Problem

The goal of "Case Management for Adult Educators" was to develop and deliver training in case management procedures for adult educators. The project was designed to have local impact, but may be adaptable for other adult education sites statewide. Training on case management issues examined in this project will be available in the fall of '97 through the Case Management module developed by another 353. This project based its trainings on previous Section 353 works in related areas such as counseling. "Client Mental Health Issues" PA#99-2008, "Connect (Inmate Advocacy)" PA#98-4018, "When Bonds are Broken: Year II" PA#98-4004, and "Peer Advocacy Training for ABE Students" PA#99-5033 were used and adapted where applicable. In addition, the project examined the case management component of Even Start projects and other work done on case management in adult education nationally. As much information as possible was collected both internally and externally and the training plan was developed as a result.

We feel that this project represents innovative work in the field of adult education. Training provided meets needs in an area frequently identified by adult education staff as a weakness and as problematic. The case management aspect of the field is often overlooked, yet important for our students. Training was based on a social service model and adapted to the educational setting taking into consideration the differences that exist. Extensive case management of student populations allows for complete student plan development and increased comfort level in the adult learning

setting. The focus of the project was on progressive case management, rather than wholly preventative or crisis management. Our assertion is increased, purposeful contact with the adult learner will increase comfort which, in turn, will increase retention while decreasing absences.

Adult education is much more than academics and by increasing contact through case management an even greater level of service can be reached. "Case Management" provided development and training on two levels: needs of the case manager/instructor and needs of the client through case management.

Case management training also increases accountability of the agency through documentable services provided to the clients. A model was developed for integration of training, implementation of the internal processes and information management, and the structure of the case management system. Large and small agencies can benefit from the model. The project worked with the goals of the Equal project and current Pennsylvania Department of Education Program Evaluation Guidelines for overall agency and statewide quality services in adult education. This project can provide yet another tool for gathering student data and pertinent information.

Training took place in an inquiry setting. Information on methodology, procedures, and processes were brought before the group. Participants did related readings and research. Findings were then shared in the group. Conclusions were drawn and recommendations for implementation were made. This group work took approximately ten (10) meeting hours. Topics for the group work included: case management defined; holistic

assessment; client motivation; case management process; documentation issues; follow-up/termination; managing the caseload; electronic aids and systems; time management; managing diverse client populations; and case management partnerships. The inquiry sessions were attended by administrators, instructors, counselors, intake workers, case managers, and management information personnel. Through these meetings needs were established for case management training and became the structure for our in-house trainings.

In addition to the inquiry group, case management teams met 1 hour each week during the project year. Approximately 15 staff were involved in the weekly meetings. This training plan was aggressive and benefited our adult educators. The series also augmented the 1996-1997 TIU Adult Education and Job Training Center's internal staff development plan.

All parts of the training and project were documented. Instead of the original plan of creating a training manual under this grant, materials developed were utilized in the Training Development 353 to create the Case Management Module. This allowed for further utilization by creating a prototype rather than site specific training. The project was linked with the local Professional Development Center and the State Literacy Resource Centers for information and resources throughout. This design should be readily adaptable and useful across the continuum of adult education agencies in the state.

"Case Management for Adult Educators" provided the opportunity for adult educators to develop and receive training in an area vital to increasing retention and insuring quality services provided to adult learners. The

project concept was a result of a retention study performed in our work as an Equal pilot site. By providing case management training and training on related issues we felt we could increase retention through increased communication with our students. Training was based on a social service model and adapted to the educational setting. Extensive case management of student populations allows for complete student plan development and increased comfort level in the adult learning setting. The emphasis of the project was on progressive case management rather than preventive or crisis management. Case management training also increases accountability of the agency through improved documentation of services provided. A model was developed for training, implementation of our internal processes and information management, and the structure of the case management system.

2. Goals and Objectives

Objectives of the project were to:

- Develop and deliver training on case management procedures, processes, and issues by conducting a series of workshop trainings and discussion group sessions.
- Provide documentation by compiling a manual covering the three phases of the project: training, systems development, and implementation.
- Disseminate final report and training manual through the Tuscarora Intermediate Unit 11, Regional Professional Development Centers, the Pennsylvania State Resource Centers, and the Pennsylvania Department of Education. This project will be coordinated with the 322 programs, Act 143 programs, Even Start, and JTPA programs provided at the TIU

Adult Education and Job Training Center.

We realized that many people were involved in the total case management system, so approximately 15 staff attended weekly session/meetings that dealt with training on the logistics of information management, paperwork flow, and IEP. Along with these universal case management issues we also considered some in-house issues: lost files, duplication, omission and better tracking and documentation. A model for paper flow and information management was developed and used during this training. That model is attached, along with a model for an Individual Education Plan form.

Program improvement in our agency was readily seen as a result of the project work in the form of improved services to our clients and more efficient systems.

3. Procedures

"Case Management for Adult Educators" was developed, coordinated and managed at the TIU Adult Education and Job Training Center in Lewistown, PA. This project required a coordinated internal effort among staff, instructors, and administration.

The general design of "Case Management for Adult Educators" was completed as an evolving process. The design and content of case management training was established through a series of initial meetings attended by administrators, instructors, counselors, intake workers, case management and management information system personnel. Through these meetings it was decided that training would not be delivered in a

traditional workshop setting as originally proposed but rather in an inquiry research model. The process itself was beneficial and rewarding to all involved. Much discussion was generated and we learned a great deal about our needs. In this practitioner inquiry group setting we analyzed and did research on our problems in the total case management system. Examples of comments from staff during this process are attached. It became clear that there were needs in two areas of case management: paperwork and communication/people skills. Through these meetings the following needs were established for further case management training and became the structure for the development of an extensive training module of 12 hours in all aspects of case management for adult educators.

Needs for Training:

Defining Case Management:

- for staff; for clients
- philosophy and goals
- case management as process
- roles of case manager; job/duties description
- sensitivity/values clarification

How to's of Case Management:

- the client/case management relationship
- how to begin: intake and/or first meeting during enrollment
- after separation
- goal setting/planning collaboratively
- assessment and planning
- client involvement and ownership

case notes: what's in/what's out

process/system for information flow and documentation

process/paper training

paper flow

documentation of client activity changes

streamlining amount of paper

MIS training

importance of the "big case management/MIS picture"

education progress records - IEP

summary activity record management, and improved communication among staff about total case management issues.

A later stage of the project was the implementation of an agency case management/client tracking system. The client tracking system was developed, staff were trained, and a model is attached and can be adapted for use by other agencies.

Although we had planned the development of a manual it was decided that a simple manual was not possible within the confines of this mini-grant. This project proved to have much more far reaching impact than a mini-grant is intended to have. Indeed this project became the research component of a larger, more general training module on case management. Instead of the original plan of creating a training manual under this grant, materials developed were utilized in the Training Development 353 to create the Case Management Module for statewide training. This allowed for further utilization by creating a prototype as well as implementing our site specific training. During this stage, the following

became the content outline with the larger training module:

Case Management

Theoretical background: philosophy, goals

Defining Case Management: for staff, clients

Case Management as a Process

Roles of Case Manager

Sensitivity/Values Clarification

Reflections to Practice: Activities

How to's of Case Management

Relationship: client/case manager

Cooperative Planning

Documentation

Processing information: developing a system

Evaluation of this case management project was ongoing. This evaluation follow-up took place in the form of discussion groups in weekly meetings which reflected on the success of implemented procedures developed through the inquiry process. The final stage of the project was the dissemination of "Case Management for Adult Educators" final report. This final report may serve as supplemental reading for those adult education practitioners participating in the Case Management Training Module. Training materials developed under this mini-grant were utilized in the Training Development 353 to create the Case Management module. It is that module that should be referred to for training other adult educators, building a case management system, implementation and evaluation of the system. Dissemination will take place through the Tuscarora Intermediate

Unit No. 11, the Pennsylvania Department of Education, AdvancE, Western Pennsylvania Adult Literacy Resource Center and Regional Professional Development Centers.

4/5. Objectives Met/Not Met

Objectives of the project were to:

a) develop and deliver training on case management procedures, processes, and issues by conducting a series of workshop trainings and discussion group series.

This objective was met and far exceeded the impact intended in this mini-grant. The design and content of case management training was established through a series of meetings and discussions attended by administrators, instructors, intake workers, case managers, and management information system personnel. A traditional workshop format training did not seem appropriate as this project developed; rather, an inquiry group was established and results of this group's work was then disseminated to the entire staff through a series of trainings. Training was delivered to all staff on the logistics of information management and flow in the case management system. Refinements were made and this information has been packaged for use by others through the case management training module. As this mini-grant process became a practitioner inquiry group for our staff, the local impact was very positive in that we learned a great deal about our needs and developed systems and training to meet them. The training on the local level was delivered in an informal way.

As a result of this mini-grant a larger, more general training module

on Case Management was developed in the 353 Training Development Project. The research for the larger training module was done through this grant. Training on case management is now available for all adult educators in PA.

(b) Provide documentation by compiling a manual covering the three phases of the project: training, systems development, and implementation.

This objective was met in the development of the larger 353 Training Development Case Management Module. The product was more comprehensive than one that this mini grant could have supported. Attachments to this report demonstrate examples of a student file, IEP, and case management program system.

(c) Disseminate final report and training manual through the Tuscarora Intermediate Unit 11, regional Professional Development Centers, the Pennsylvania State Resource Centers, and the Pennsylvania Department of Education.

The project final report and training manuals were disseminated through Tuscarora Intermediate Unit No. 11, regional Professional Development Centers, PA State Resource Centers, and the PA Department of Education.

6. Evaluation

A successful evaluation was based on:

a) Development of a local training plan for case management procedures as evidenced in the Case Management Training Module and attachment to this report. Through this project a practitioner inquiry group approach completed research and developed systems and processes that

became the basis of the Case Management Module for Adult Educators.

b) Case Management training was completed with our staff on an informal basis in the areas of management of information and implementation of new case management systems. Our staff also received the complete Case Management Training Module consisting of three 4 hour trainings.

c) The case management and client tracking system in our agency was evaluated, refined, redeveloped and implemented.

d) The Case Management Training Module illustrated the model for a tracking system and implementation results.

e) The training and tracking system have been implemented and we have already seen improved service to our clients and more efficient system management.

f) Dissemination of the final report, products, and the 353 Training Development Case Management Module is taking place.

7. Dissemination

This project was coordinated with the 353 Training Development Project, agency 322 programs, Act 143 programs, Even Start, and JTPA programs provided at the TIU Adult Education and Job Training Center.

Dissemination of this project was made through the Tuscarora Intermediate Unit 11, the Pennsylvania Department of Education, AdvancE, WPALRC, and the regional Professional Development Centers.

Attachments

Case Management Project
Comments from Staff
Paper/People

Sample File

Samples of Student Forms

Paperflow

Module Outlines

Case Management Project
Comments from Staff
Paper/People

CASE MANAGEMENT PROJECT
COMMENTS FROM STAFF
11/18/96

PEOPLE

1. How long is too long to follow a client? If a client tells you he/she no longer wants our services, but he/she is Title IIA and we are told we must keep them and keep trying, how do we know what to do?

2. How does it affect our clients-retention and progress?

3. Does it ultimately affect recruitment because of the image created in the community by our present students?

4. How many is enough for one person's caseload? Do case managers find their present loads manageable?

5. When is it appropriate for case managers to be changed for clients? How does the client find out their case manager has changed? How does the student find out who their case managers is and when? Do they meet face to face? Are the students clear on this? Is it a phone call? Do the students know the potential reason for case management?

6. What do we do when a youth comes in? Can they go to CD?

7. When is appropriate to skip CE and go to JS?

8. Can people go to Choices before CE?

9. How often do students meet with their case managers one on one outside of class?

10. A good tool to use between case manager and student would be a reflection form like we use in Even Start. (copy attached) It leads to excellent topics and progress of the student. The reflection page could be adopted in any form that is appropriate, depending on where the student is in their plan.

CASE MANAGEMENT PROJECT
COMMENTS FROM STAFF
11/18/96

PAPER

1. You can't list Career Development & Placement on ISS for all three phases because Job Search is a different enrollment.

2. What goes in case notes? Is there anything I should or should not say?

3. Sometimes I feel like I'm drowning in paperwork-how can we streamline?

4. Who specifically calls when: client doesn't come to orientation? client doesn't come to intake? client doesn't come to class?

5. When should case managers put clients on hold? Wheat are the different lengths for hold, and do case managers know this? Do case managers do this or does Deb E automatically do when no attendance?

6. Is it possible to purchase (or use one we already have) a computer case managers could access info on their clients? If that is not possible, could MIS give regular feedback to case managers concerning info in the data base and attendance records? (I think we need to use our data more as feedback to case managers to help them use their time more effectively.)

7. Who can go on definite or 90 day hold? What is difference between active and inactive hold?

8. When is a part-time job OK for a term?

9. Do I update in notes the progress being made or how the assessment turned out with the referrals I get?

10. Why do we put class starting and ending in case notes, when the dates are documented in the ISS?

Module outlines
Case management

Session 1: Case Mgt : who what where when how
pre-training activities...what should they bring (knowledge, paper, etc)

intro to training
- ice breaker
- activity an prior knowledge
- summary of cs mgt training...goals, expected outcomes, learning points (objectives)

materials include oh's as ho's

Activities

1.a defining case mgt
- brainstorming what is
- presentation of completed define on overhead

1.b why do
- pairs 5 min brainstorm
- 5 reasons why do cs mgt
- overhead

1.c. roles of cs mgr
- group fill in of sun diagram
- presentation of completed sun

1.d. personal charact\character of a cm
- 5 min write down the qualities of a perfect cs mgt
- have recorder write everyone's down

1.e. models
- lecture/presentation/ho

1.f activities
- referrals, recruitment, assessment, follow up, coordination, reporting, planning, goal setting, intaking
- give out envelopes with activities written one per card...have groups sequence
- seek consensus

- components of typical cs mgt interventions
- differ between one time activities and ongoing activities

hmwk: do research in agency: do you do case mgt?
what model, what components.
bring questions
readings

Session 2: How to's
what was the most important thing you learned?
what do you need to know more about?
specific questions???from session 1
summarize
goals, expected outcomes, learning points
review of hmwk

2.a. who do we serve?

2.b. client/cs mgr relationship (student/teacher)

2.c exercise: positive negative interesting

2. d difficult people / crisis
role playing

2e. initial cs mgt activities
intake, assessment, placement

2.f goal setting
suzanne's exercise

2.g documentation/case notes

hmwk:
bring paper flow plan/flow chart, process of client mgt through your system
bring questions
do readings

Session 3
what was the most important thing you learned?
what do you need to know more about?
specific questions
review
goals, learning points, expected outcomes

activities:

3a: discussion what they do at homebase
3b present at model of paper flow
3c group activities to develop flow chart for own operation or with simulation
3d facilitating independence/ shift in client/case mgt relationship
3e follow-up
3 f case study work

post training work

follow-up:
Assistance with programs mgt plan - how does this plan fit in with overall program improvement plan? methods: on site technical assistance, on-line support, focus group through PDC's, learning through practice activities

Sample File

PENNSYLVANIA DEPARTMENT OF EDUCATION

Bureau of Adult Basic and Literacy Education

Student Intake/Data Form

*(Use only for direct computer entry, **DO NOT SUBMIT**)*

Data Base Record No. /_/_/_/_/ Teacher/Tutor name _____

Program Year 97-98 Month of Enrollment (number) ___/___/ (MOYR)

Name and designated code of the class or tutoring site Circle Funding Source: Federal State

Site _____ Class/Site Area _____

This form is intended for internal use by programs submitting their student data on floppy disk. Make any modifications that are required and photocopy for distribution to the teachers and tutors. These forms are not to be used to submit data directly to the Bureau.

The common practice has been to complete the first part of the form when the student enrolls. The second section is then completed when the student leaves the program. Because we require completion information at the end of the program year even when the student continues past June, agencies may wish to attach multiple copies of the second page for subsequent years. Carbon copies are no longer necessary because you will not be submitting these forms to ABLE.

1. **Name** _____ **(SURNAME)**
   (Last) (First)
2. **Social Security Number** /_/_/_/-/_/_/-/_/_/_/_/ **(SS)** **Calculate** ____
3. **Home Address: Number & Street** _____

   Address - Second Line _____

   City_____ **Zip Code** _____**(ZIP)**
4. **Telephone** _____ _____ **OK to call** _____ **OK to mail**
5. **County** /_/_/ **(2 digit code) (COUNTY)** **6. School District** /_/_/_/_/_/ **(SCHLDIST)**
   (See instructions for codes)
7. **Sex: 1. ___Male 2. ___Female (SEX)**
8. **Race: ____ White/other ____ Black _____ Hispanic ____Asian ____Native American (RACE)**
9. **Student's initial entry level category in this program. (LEVEL) Check one level only (see instructions):**

1. ___Preliterate ESL 0-1	**4. ___Advanced ESL 7-10**	**7. ___Intermediate ABE 6-8**
2. ___Beginning ESL 2-4	**5. ___Preliterate ABE 0-1**	**8. ___ABE 9-12**
3. ___Intermediate ESL 5-6	**6. ___Beginning ABE 2-5**	**9. ___ GED Prep**

. **Date of birth** ___/___/___ **Month / Day/Year. (BIRTHYR)**

Enrollments with no social security ID, sex, race, level category, or year of birth will be automatically rejected

10. Student household status (enter one). (MARITAL)

___ 1. Head of a Single Parent Household ___ 2. Head or Spouse/Partner in 2 Parent Household
___ 3. Head or Spouse/Partner-No Dependents ___ 4. Dependent Member of Household
___ 5. Living Alone ___ 6. Living in Group Quarters

11. Number of Dependents Under 18 /__/__/ (DEPENDTS)

15 a. At time of enrollment student is (check one--see instructions) (EMPLOYMT)

1. ____employed 2. ____unemployed but available for work
3. ____ not employed or available for work

b. ____At time of enrollment the student receives public assistance? (ASSIST)

c. At time of enrollment student is (check ALL that apply--see instructions)

____disabled (HANDICAP) ____institutionalized (INSTITUT) ____homeless adult (HOMELESS) ____an immigrant (IMMIGRNT)
____limited in English proficiency (NELP) ____displaced homemaker (DISPHOME)
____enrolled in other employment preparation program (PIC/SPOC, etc.) (OTHERFED)

16. Circle last grade of school completed: (LSTGRADE)

00 01 02 03 04 05 06 07 08 09 10 11 12

Special Education 13 Non-English Diploma 14 Post-High School Study 15

17. How did student find out about this program? (check only ONE): (FINDOUT)

___01. School Board, IU, School announcement
___02. Newspaper, radio, TV
___03. Handout, mailed leaflet
___04. Sign, billboard, phone book (not in school, worksite, agency)
___05. Relative, friend, acquaintance
___06. Employer/union-worksite announcement
___07. Previously studied ABE/GED or Adult Literacy
___08. School/college counselor/teacher
___09. Institution (group home) personnel
___10. Library/other independent
___11. Community agency/human service agency
___12. Clergy/church group
___13. PIC/JTPA SPOC program
___14. Rehab. Counselor, caseworker, OES job service
___15. Court: Probation, parole, etc.
___16. Military recruiter
___17. Political/public official
___18. Other (none of the above

18. Major reason for participating in program (check only ONE): (MAJREASN)

1.____ to improve job prospects
2.____ to learn better English
3.____ to obtain driver's license
4.____ to obtain citizenship
5.____ to get diploma or certificate
6.____ to qualify for training military
7.____ to read to or help children with homework
8.____ social acceptance, self satisfaction
9.____ qualify for college, business school
10.____ required by probation, welfare, parole
11.____ to achieve competency in reading/spelling, etc., with no specific purpose in mind
12.____ to achieve competency in math
13.____ other (none of the above)

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Section Two: Completions and Impact Data
(to be filled out at end of student's program or at the end of the Program Year)

19. How many hours of instruction did this student receive during this program? /_/_/_/ (Round Fractions) **(INSTRHRS)**

(Complete this section only when hours have not been completed monthly, quarterly, etc.)

20 Other contact hours (counseling, paperwork, etc.) /_/_/ **(CONTACT)** (Round Fractions)

COMPLETION AND EARLY SEPARATION DATA

21. With reference to entry level category (ESL, ABE, or GED) indicated in Item 7, Copy One, or learning goal, check one of the following: **(TERMSTAT)**

1. ___ **Completed the category at which enrolled and left the program.**
2. ___ **Continued in the program while moving to a higher category.**
3. ___ **Completed a learning goal and left the program.**
4. ___ **Continued in the program after attaining a learning goal in order to attain other learning goals.**
5. ___ **Continued in the program at the same category as enrolled or without attaining a learning goal.**
6. ___ **Separated early prior to completing the enrollment category or attaining a learning goal.**

22. EARLY SEPARATIONS: If the student is recorded as an early separation, please consult the instrutions for a list of reasons.

_____ **(SEPREASN)**

23. Circle the number of Grade Levels or ESL levels the student advanced.

0 1 2 3 4 5 6 7 8 9 **(GRDADVNC)**

24. If the student has been tested, please complete the following: (See Instructions)
Name of Standardized instrument used for the pretest and post test. _____

a. **Scoring Method: _____ (PRETYPE)**
1. Grade Level 2. GED test 3. MELT. 4. TABE/CASAS raw score.'
b. **Code** /_/_/ (See instruction for Code) **(PRETEST)**
c. **Pretest month _____ (PREMONTH)**

d. **Subjects: R Reading; M Mathematics; C Combined. (PRESUBJ)**

e. **Test score equivalent** /_/_/./_/ (to nearest tenth) **(PRESCORE)a.**

Scoring Method: _____ (POSTTYPE)
1. Grade Level 2. GED test 3. MELT. 4. TABE/CASAS raw score.
b. **Code** /_/_/ (See instruction for Code) **(POSTCODE)**
c. **Post-test month _____ (POSTMNTH)**

c. **Subjects: R Reading; M Mathematics; C Combined. (POSTSUBJ)**

e. **Test score equivalent** /_/_/./_/ (to nearest tenth) **(POSTSCOR)**

25. IMPACT DATA: ACHIEVEMENT OF PROGRAM PARTICIPANTS

You must check at least one, but check as many as appropriate.

Educational

___ Improved basic skills for personal satisfaction and increased self-confidence. (IMPRVBSK)
___ Completed ABE Category I (0-5), ABE Category II (6-8), or GED Prep. (9-12) (LEV1COMP)
___ Completed Beginning ESL. (ESL1COMP)
___ Completed Intermediate ESL. (ESL2COMP)
___ Completed Advanced ESL. (ESL3COMP)
___ Improved, reading, writing, and math skills. (LEVL1IMP)
___ Obtained an adult high school diploma. (HSDIPLOM)
___ Passed the GED test. (GEDP)
___ GED test taken; results not received. (GEDT)
___ Learned the English language (for participants whose primary language is not English) (ENGLLANG)
___ Entered another education/training program. (OTHREDTR)

Societal

___ Received U.S. Citizenship. (USCITZN)
___ Registered to vote or voted for the first time. (VOTED)
___ Received driver's license as a result of program. (DRIVER)
___ Referred to agencies (other than educational) for needed services. (AGENCYRF)

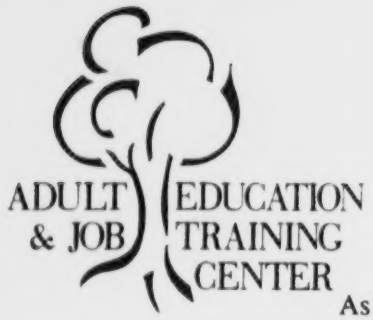
Economic

___ Obtained a job. (JOB)
___ Obtained a better job or salary, or secured job retention. (BTRJOB)
___ Was removed from public assistance.(OFFPUBAS)
___ Met personal objective. (METPOBJ)

Other Outcomes

_____
_____
_____
_____
_____

I certify that this information is correct.Completed by _____
(initials)



MCIDC Plaza
Building 58
6395 SR103 North
Lewistown, PA 17044

(717) 248-4942
Fax (717) 248-8610

ADELE CRAIG
Employment Training Director
e-mail:
atcraig@acsworld.net

CAROL MOLEK
Adult Education Director
e-mail:
carcarm@mail.microserve.net

HELEN GUISLER
Counseling Services Director

Release Form

As a participant in a TIU Adult Education and Job Training Center program (funded by the Job Training Partnership Act or by other state/federal funds) or as a member of the participant's family, I authorize designated representatives of the following agencies or individuals to exchange information concerning my situation.

This authorization includes the following agencies/individuals:

_____TIU Adult Education and Job Training Center
_____Mid-State Employment and Training Consortium
_____County Board of Assistance
_____Office of Employment Security
_____Mifflin County School District
_____Mifflin County Library Literacy Program
_____Bureau of Vocational Rehabilitation
_____Social Security Administration
_____Employers
_____Agencies as deemed necessary by the Adult Education Center staff
_____Parents/Guardians
_____Media (newspaper, radio, etc.) regarding the annual awards ceremony

_____

_____

_____

I also understand that statistical data may be reported to the Pennsylvania Department of Education or other government agencies. As required I will take pre and post tests the scores of which will be reported to the state.

It is understood that all information will be maintained in the strictest of confidence.

_____ _____
Signature of Applicant Date Signature of Family Member Date

_____ _____
Signature of Parent/Guardian Date Signature of Adult Center Staff Date

(Rev. 3/13/96)

TIU 11 is an equal rights and opportunities educational service agency.

ADULT & JOB EDUCATION TRAINING CENTER

MCIDC Plaza
Building 58
6395 SR103 North
Lewistown, PA 17044

(717) 248-4942
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ADELE CRAIG
Employment Training Director
e-mail:
atcraig@acsworld.net

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Adult Education Director
e-mail:
carcarm@mail.microserve.net

HELEN GUISLER
Counseling Services Director

TOBACCO POLICY

Tobacco use is not allowed in any training site of any of our programs. This includes lobby areas and all restrooms in any building we are utilizing for training.

I understand and agree to abide by the above policy. I understand that failure to comply with this policy may mean termination from adult education and job training center services.

Books/Materials Usage Agreement

As an enrollee of an Adult Education and Job Training Center program I understand that books and materials will be issued to me on a loan basis.

It is my responsibility to not write in or disfigure the materials in any way and return the books in good condition at the end of my participation in the program.

I understand that I am responsible for the books and materials issued to me. If returned in poor condition or not returned I will pay the Adult Center for the price of replacement materials.

SUBSTANCE ABUSE POLICY

The TIU Adult Education and Job Training Center will make every effort to maintain a drug-free environment. The sale, use, delivery and/or possession of alcohol, controlled substances, drugs and/or drug paraphernalia is prohibited in the building, parking lot or other premises of the TIU Adult Education and Job Training Center. Any individual who violates this policy will be required to leave the premises immediately. Law enforcement officials may be notified.

Any client who is under the influence of drugs or alcohol while on the Center premises will be required to leave immediately and may not return until a plan has been developed to address the substance abuse problem. This plan must be approved by an agency director.

COMPLIANCE WITH THIS POLICY IS MANDATORY.

_____ _____

PARTICIPANT SIGNATURE DATE

_____ _____

Witness: Adult Education and Job Training Center Staff DATE

TIU 11 is an equal rights and opportunities educational service agency.

INDIVIDUAL EDUCATIONAL PLAN

DATE:

SECTION I
BACKGROUND INFORMATION

NAME:	MAIDEN NAME:	
ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	MESSAGE PHONE(optional):	
DATE OF BIRTH:	AGE:	SSN:

LIVING SITUATION			
SINGLE____	MARRIED_____	SEPARATED_____	DIVORCED_____
DEPENDENT HOUSEHOLD MEMBERS:			
NAME:	DATE OF BIRTH:	RELATIONSHIP:	

SOCIAL SERVICE AGENCY INVOLVEMENT
ARE YOU INVOLVED WITH OTHER SOCIAL SERVICE AGENCIES? YES NO
IF YES, WHAT AGENCIES? (PLEASE CHECK)
DPA___, WIC___, STATE HEALTH___, CHILDREN & YOUTH___, COUNSELING___,
OTHERS_____, _____, _____, _____.

SECTION II - (SELF-REPORT)
COSTUMER PROGRAM GOALS

WHY DID YOU COME TO OUR AGENCY?
WHAT PROGRAMS MIGHT BE OF INTEREST TO YOU?
WHAT TYPE OF JOB DO YOU WANT TO HAVE IN 2 YEARS?
IN 5 YEARS?
WHAT TRAINING OR EDUCATION WOULD MAKE YOU MORE MARKETABLE IN THIS FIELD OR FOR THAT PARTICULAR JOB?

SECTION III
EDUCATIONAL AND TRAINING EXPERIENCE

HIGHEST GRADE COMPLETED: 4 5 6 7 8 9 10 11 12 GED CERT. AA BA MA PhD Other:

List All Schools Attended:	List All Degrees Earned:	Dates Attended/Attending:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

List any special recognitions:

What happened that caused you to leave school?

LANGUAGE: PRIMARY LANGUAGE SPOKEN: ENGLISH(___) OTHER(_____)

COMMENTS:

LEARNING STYLES (OPTIONAL)

1. Does the customer think he/she has a learning problem? ☐ YES ☐ NO
If yes, be specific
_____
_____

2. Was that problem identified in school? ☐ YES ☐ NO
If yes, how was the problem addressed?_____
_____

3. Strengths/weaknesses in Reading, Math, English (include if person needs and what those needs are; does anyone in immediate family have reading problems?_____
_____
_____

4. Participant learning style (visual, auditory, tactile)?_____
_____

5. Reaction to being in group/classroom setting (comfort level)_____

SECTION IV
PREVIOUS EMPLOYMENT EXPERIENCE
(List most recent first. Attach additional page if necessary)

JOB TITLE:	DATES OF EMPLOYMENT:
EMPLOYER:	RATE OF PAY:
ADDRESS:	
REASON FOR LEAVING:	
DESCRIBE JOB DUTIES & ACCOMPLISHMENTS:	

JOB TITLE:	DATES OF EMPLOYMENT:
EMPLOYER:	RATE OF PAY:
ADDRESS:	
REASON FOR LEAVING:	
DESCRIBE JOB DUTIES & ACCOMPLISHMENTS:	

JOB TITLE:	DATES OF EMPLOYMENT:
EMPLOYER:	RATE OF PAY:
ADDRESS:	
REASON FOR LEAVING:	
DESCRIBE JOB DUTIES & ACCOMPLISHMENTS:	

JOB TITLE:	DATES OF EMPLOYMENT:
EMPLOYER:	RATE OF PAY:
ADDRESS:	
REASON FOR LEAVING:	
DESCRIBE JOB DUTIES & ACCOMPLISHMENTS:	

JOB TITLE:	DATES OF EMPLOYMENT:
EMPLOYER:	RATE OF PAY:
ADDRESS:	
REASON FOR LEAVING:	
DESCRIBE JOB DUTIES & ACCOMPLISHMENTS:	

SECTION IV (CONT.)
RELEVANT EXPERIENCE

TOOLS AND EQUIPMENT EXPERIENCE:

COMPUTER SKILLS AND EXPERIENCE:

IF THERE WAS TIME BETWEEN JOBS, WERE ANY SPECIAL SKILLS DEVELOPED?

PROFESSIONAL AFFILIATIONS/CERTIFICATONS?

CLEARANCES (EDUCATION, GOVERNMENT):

LIST ANY VOLUNTEER EXPERIENCE:

LIST ANY MILITARY EXPERIENCE:

SPECIAL INTERESTS AND ACTIVITIES:

HAVE YOU BEEN ACTIVELY LOOKING FOR WORK PRIOR TO COMING HERE?
WHERE HAVE YOU APPLIED?

INTERVIEWS?

RESULTS?

SECTION V
ASSESSMENT TEST RESULTS

Test Administered	Skill Assessed/ Purpose	Date Admin-istered	Results
	Reading		
	Math		
	Language		

SECTION VI
COMPETENCIES (FOR ALL PARTICIPANTS)

COMPETENCIES/ TRAINING NEED	PRE-ASSESS-MENT DATE	COMP.	DEF.	POST-ASSESSMENT DATE ATTAINED
PRE-EMPLOYMENT SKILLS				
WORK MATURITY				
BASIC EDUCATION LEVELS				
LEVEL I - ACADEMIC CREDIT				
LEVEL II - PRIMARY EMPLOYMENT SKILLS				
LEVEL III - HIGH SCHOOL EQUIVALENCY				
LEVEL IV - READING & MATH REMEDIAL				
LEVEL V - FUNCTIONAL CONTEXT				
JOB SPECIFIC SKILLS				
OCCUPATION:				
OCCUPATION:				
OCCUPATION:				

SECTION VII
STRENGTHS/ NEEDS ANALYSIS

LIFE SITUATION: Do you have?	YES	NO	COMMENTS
■ Adequate Housing/Shelter			
■ Adequate Utilities (Elec/Gas/Water)			
■ Adequate Food and Clothing			
■ Adequate Transportation			
■ To Attend Assessment			METHOD:
■ To Attend Training			METHOD:
■ To Commute to Employment			METHOD:
■ Do you have a Driver's License			

FINANCIAL SITUATION:	YES	NO	
■ Are you able to meet your monthly bills?			
■ Are you receiving any financial counseling?			
■ Are you a dependant?			
■ Is anyone assisting you with household expenses?			
■ Are you in default of a student loan?			

FAMILY SITUATION: Do you have?	YES	NO	
■ Family Moral Support			
■ Family Financial Support			
■ Friends Moral Support			
■ Adequate Child Care			
■ To Attend Assessment			
■ To Attend Training			
■ To Attend Employment			

PERSONAL HEALTH ISSUES Do you have?	YES	NO	
■ Adequate General Health			
■ Adequate Dental Health			
■ Adequate Vision			

SECTION VII
STRENGTHS / NEEDS ANALYSIS
(continued)

DOES INDIVIDUAL HAVE ANY LIMITATIONS IN:	YES	NO	
■ Standing			
■ Sitting			
■ Bending			
■ Lifting			

ARE THERE CURRENT PROBLEMS WITH:	YES	NO	
■ Substance Abuse			
■ Mental Health			
■ Family Relationships			

LEGAL ISSUES Do you have?	YES	NO	
■ Criminal Record			
■ Probation Record			
■ Suspended Driver's License			
■ Wage Garnishment			
■ Child Support/Custody			
■ Alien Status			
■ Pending Litigation			

SECTION VIII
STRENGTHS/NEEDS SUMMARY

(SELF-REPORT)
STRENGTHS SUMMARY

ASSESSMENT OF STRENGTHS:

A. LIST STRENGTHS/BEHAVIORS THAT COULD ENHANCE EMPLOYMENT GOAL ACHIEVEMENT:

SERVICES REQUIRED TO ADDRESS NEED

LIST NEED	LIST METHOD TO ADDRESS/OVERCOME NEED

SERVICE PLAN

STUDENT

COUNTY:

CAREER GOAL:

COMMENTS:

Program	Subject	Projected Start Date	Projected End Date	Actual Start Date	Actual End Date	Plan Mod ✓

IN-HOUSE INFORMATION

☐ Not OK to call home ☐ Not OK to send mail home

--Race_____ ☐ Male ☐ Female

--Enrolled here before: ☐ ABE ☐ ESL ☐ AL If yes,
other name:_____ when:_____

--At time of enrollment student is: ☐ Employed where_____
☐ Unemployed/available for work ☐ Unemployed/NOT available for work

--Are you registered with Job Center? ☐ Yes ☐ No

--At time of enrollment student is (check ALL that apply--see instructions)
☐ handicapped ☐ institutionalized ☐ homeless adult ☐ an immigrant
☐ limited in English proficiency ☐ displaced homemaker
☐ enrolled in other Federal training or educational program (PIC, etc.)

--How did student find out about our programs:

☐ Relative, friend, acquaintance
☐ Newspaper, radio, TV
☐ Sign, billboard, phonebook
☐ Handout, mailed leaflet
☐ Rehab. couns., caseworker, OVR, Job Center
☐ Employer, union-work announcement
☐ Previously studied ABE, GED or adult literacy
☐ Community/human services agency
☐ Political./public official
☐ School Board, announcement
☐ Court, probation, D.R., etc.
☐ School/college couns/teacher
☐ Library/other adult ed agency
☐ Institution (group home)
☐ Clergy/church group
☐ JTPA SPOC program
☐ Military recruiter

NAME OF PERSON REFERRING:_____

--Major reason for participating in program(must check only ONE):

☐ improve job prospects
☐ obtain citizenship
☐ social acceptance, self-satisfaction
☐ read to or help children with homework
☐ achieve competency in reading/spelling, etc. with no specific purpose in mind
☐ get diploma or certificate
☐ obtain drivers's license
☐ qualify for military training
☐ required by probation, welfare
☐ qualify for college, business school
☐ achieve competency in math
☐ learn better English
☐ other

Case Closed Date: _____ Termination Date: _____
Attainment of Competency: ☐ Pre-Employment ☐ J.S. ☐ B.S.

EMPLOYMENT DATA INFORMATION (ALL FIELDS MUST BE COMPLETED WHEN TERMINATED)

Employer:_____ Employer phone #:_____

Employer
Address:_____
(Street)

_____
(City) (State) (Zip)

Starting Date_____ Hourly Wage:_____ Hrs. Per Week:_____
Job Title:_____ Fringe Benefits:☐ Yes ☐ No UI Coverage: ☐ Yes ☐ No

CASE MANAGER
From:_____ To:_____ Date:_____
From:_____ To:_____ Date:_____

PARTICIPANT CHANGE OF ADDRESS OR NAME

New Name:_____ Effective date:_____

New Address:_____
Street City State Zip
Phone Number (If Changed):_____

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SECTION X
TASK PLAN / REFERRAL RECORD
(OPTIONAL)
(MAKE ADDITIONAL COPIES AS NEEDED)

Objectives	Task Assignments	Referral Partners	Date Com-pleted	Verify
1.	a. b..			
2.	a. b.			
3.	a. b.			
4.	a. b.			
5..	a. b.			
Comments				

SECTION XI
AGREEMENT

As a participant in this program, I understand that I am expected to put forth my best effort in the accomplishment of these objectives. I will attend regularly and meet as scheduled with instructors and case manager.

Participant Signature: Date:

Case Manager Signature: Date:

CLIENT CONTACTS / CASE NOTES		
DATE	NOTES	TYPE OF CONTACT

STUDENT INSTRUCTIONAL PROGRESS FORM

Date		Initials

PENNSYLVANIA DEPARTMENT OF EDUCATION **ADULT BASIC EDUCATION PROGRAMS**

Class No. _____ **1994-95 STUDENT INTAKE/DATA FORM - USE NO. 2 PENCIL ONLY**

COPY ONE-UPON ENROLLMENT SEND TO BUREAU OF ADULT BASIC AND LITERACY EDUCATION

Name: _____

Home Address: _____
Number and Street

City: _____ Telephone No.: _____

Name of person other than student's immediate family who will know where student is living should he/she move from present address. Not required for PDE reporting.

Name: _____

Address/Phone: _____

PROGRAM NUMBER

MONTH OF ENROLLMENT

- ○ JULY
- ○ AUG
- ○ SEPT
- ○ OCT
- ○ NOV
- ○ DEC
- ○ JAN
- ○ FEB
- ○ MAR
- ○ APR
- ○ MAY
- ○ JUNE

PROGRAM YEAR 94-95

Read the accompanying coding instructions before completing this form. Students should not complete these forms unassisted because of the extensive coding required. Responses are used for state and federal reporting and individuals are never identified.

Complete Copy One for each individual at the time of enrollment. After filling out the names and addresses, fold back both Copy One and Copy Two to avoid carbon-through to Copy Four. Detach AND SUBMIT Copy One to the Bureau of Adult Basic & Literacy Education, 333 Market Street, Harrisburg, PA 17126-0333. Complete AND SUBMIT Copy Three at the end of program or as soon as the student has terminated instruction. Retain Copies Two and Four for your records. Use Copy Five for Corrections. See instructions for use.

1 SOCIAL SECURITY NUMBER ___ - ___ - ____

2 STUDENT ZIP CODE

3 COUNTY (See instructions for 2 digit code)

4 SCHOOL DISTRICT (See instructions for code)

5 SEX

- ○ Male
- ○ Female

6 RACE

- (1) American Indian or Alaskan Native
- (2) Asian or Pacific Islander
- (3) Black
- (4) Hispanic
- (5) White

7 STUDENT'S INITIAL ENTRY LEVEL

ESL
- ○ Beginning
- ○ Intermediate
- ○ Advanced

ABE
- ○ Beg. 0-5
- ○ Inter. 6-8
- ○ GED 9-12

8 AGE IN YEARS

AGE GROUP
- ○ 16-24
- ○ 25-44
- ○ 45-59
- ○ 60+

9 Student household status (mark one)

- ○ Head of a Single Parent Household
- ○ Head or Spouse (Partner) of 2 Parent Household
- ○ Head or Spouse No Dependents
- ○ Dependent Member of Household
- ○ Living Alone
- ○ Group Quarters

10 Number of Dependents Under 18

DEPENDENTS

11 Please mark if student is enrolled in one of the following programs.

- ○ Workplace Literacy Program
- ○ Family Literacy Program
- ○ One-On-One Tutoring Program

12

a. **At time of enrollment student is... (mark one - see instructions)**
- ○ employed
- ○ unemployed/not available for work
- ○ unemployed/ available for work

b. **At time of enrollment does the student receive public assistance?**
- ○ Yes
- ○ No

c. **At time of enrollment student is (mark ALL that apply - see instructions)**
- ○ handicapped
- ○ limited in English proficiency
- ○ institutionalized
- ○ displaced homemaker
- ○ homeless adult
- ○ enrolled in other Federal training or educational prog. (PIC, etc.)
- ○ an immigrant

13

a. **Student's classes located in (see instructions for code)**

b. **Does the class location indicated in 13a. meet the criteria set forth in the instructions for a "Learning Center?"**
- ○ Yes
- ○ No

14 Last grade of school completed

- ○ 00 ○ 06
- ○ 01 ○ 07
- ○ 02 ○ 08
- ○ 03 ○ 09
- ○ 04 ○ 10
- ○ 05 ○ 11
- ○ 12
- ○ Special Education
- ○ Non-English Diplom
- ○ Post-High School Study

15 How did student find out about this program? (mark only ONE):

- ○ School Board, IU, School announcement
- ○ Newspaper, radio, TV
- ○ Handout, mailed leaflet
- ○ Sign, billboard, phonebook
- ○ Relative, friend, acquaintance
- ○ Employer union-worksite announcement
- ○ Previously studied ABE, GED or Adult Literacy
- ○ School college counselor/teacher
- ○ Institution or group home personnel
- ○ Library/other independent adult ed agency
- ○ Community agency/human services agency
- ○ Clergy/church group
- ○ PIC/JTPA SPOC program
- ○ Rehab. Counselor, caseworker, OES, Job service
- ○ Court: Probation, parole, etc.
- ○ Military recruiter
- ○ Political/public official
- ○ Other (none of the above)

16 Major reason for participating in program (mark only ONE):

- ○ to improve job prospects
- ○ to learn better English
- ○ to obtain driver's license
- ○ to obtain citizenship
- ○ to get diploma or certificate
- ○ to qualify for training or military
- ○ to read to or help children with homework
- ○ social acceptance, self satisfaction
- ○ qualify for college, business school
- ○ required by probation, welfare, parole
- ○ to achieve competency in reading, speaking, etc., with no specific purpose in mind
- ○ to achieve competency in math
- ○ other (none of the above)

50

PLEASE DO NOT WRITE IN THIS AREA

94 58347

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DETACH AND SUBMIT

Samples of Student Forms

Mid-State Literacy Council

Adult Learner Data Sheet

Date: _____ Interviewer: _____

Name: _____ Social Security Number: _____

Address: _____

Home Phone: _____ Message Number: _____

Ok to Call at Home? _____ Person at Message Number: _____

Birth Date: _____ Gender: ____ Ethnic Background: _____

Tell me about your family.

Single Married Engaged Divorced Separated Widowed

Name of girl/boyfriend, spouse or fiance:

Names and ages of any children:

How are your children doing in school?

Are you working right now? Yes No

Employer: _____ Is it ok to call you at work? yes no

Work Phone: _____ Occupation: _____

Work Schedule: _____ Laid off often? _____

Have you had any vocational training? What type?

Are you looking for work? What kind?

Have you contacted the ____ JTPA ___ Employment Office/Job Center ___ OVR

What kinds of jobs have you had in the past?

Have you done any volunteer work?
What agency was it with?
What type of work did you do?

How is your health?

Eyesight

Contact Lion's Club? Yes No

Date of last eye exam: _____ Glasses? _____

Do your eyes itch or burn? Water after straining? Do words blur or move when you read?

Hearing

Hearing Aid? _____ Date of last hearing test: _____

Medication

Are you on any regular medication? _____ What is it for? _____

Other

Have you had any serious injuries or operations?

Do you have difficulty sitting or standing for long periods of time?

Do your arms, hands, or shoulders ever ache or feel numb?

Can you think of anything about your health that would make it difficult for you to work for one and a half hours with your tutor?

What do you like to do in your free time? What are your hobbies and interests?

Would you teach someone to do these things?

What do you remember about school?

Number of years attended: _____ Age when finished: _____

Type of program: Special Ed Business Vo-Tech GED Academic

Why did you leave school?

Did you miss school often? Was it because of moving or sickness?

Did you repeat any grades?

Was school difficult for you? Do you remember when it started being difficult?

Why do you think it was difficult?

What classes did you like? Dislike?

Why do you want to enter this literacy program?

LEARNER EVALUATION FORM

Student_____

Tutor_____

Interviewer_____

Date_____

1. Does your tutor show up on time?

2. Are you happy with the time and the place of your meeting?

3. Would you want to meet with your tutor more often?

4. Does your tutor have things for you to do?

5. Is your tutor helping you with your goals?

6. Do you like your workbooks?

7. How much time do you spend on workbooks?

8. Do you work on the computer? If not, would you like to start computer lessons?

9. Does your tutor give you homework and do you like doing homework?

10. Does your tutor spend time on games, field trips?

11. Does your tutor give clear directions and ask you questions?

12. Is there anything you would like to change about your lessons?

13. Overall, do you enjoy working with your tutor? Do you think your tutor enjoys working with you?

14. Do you feel that MSLC has helped you? Do you have any suggestions that might make our program better?

Mid-State Literacy Council

204 Calder Way, Suite 306, State College, PA 16801 (814) 238-1809

Adult Learner Contract

Welcome to the Mid-State Literacy Council! We are very happy that you want to continue to improve your reading and writing skills.

Success for you and the Mid-State Literacy Council means hard work for everyone involved. To enroll in the MSLC program, we ask you to agree to the following

* be enrolled for at least one year
* meet with your tutor at least once a week
* cancel a lesson only for an emergency and give 24 hours notice if you must cancel
* miss no more than two lessons in a row
* meet with a MSLC Supervisor every year for a reassessment
* understand that your lessons with your tutor will sometimes be observed by a MSLC staff person
* tell us about any address or phone number changes
* we reserve the right to terminate tutorial services to adult students under the following circumstances:

    a. immediately when an adult student or a student's family member threatens, harassses, or behaves violently towards a tutor or other staff member.
    b. after a thirty (30) day notice, when a team of three (3) staff members determines after a six (6) month period that a student has progressed to his or her maximum potential.

I agree to the above requirements for receiving services from the Mid-State Literacy Council.

_____ _____

(Student Signature) (MSLC Staff Signature)

_____

(Date) WORKS/FORM14.WPS

Is there anything specific you want to learn?

Educational Goals:

Occupational Goals:

Personal Goals:

How long do you think it will take to accomplish your goals?

Are you able and willing to try this program for an entire year?

Have you ever been in a program like this before?

When? _____ Where? _____

What did you do in this program?

Why did you stop?

Why do you want to start again?

Do you know what resources are available to you? (example:computer lab, in-house library, public libraries, cassette player/tapes, News For You, etc.)

How did you hear about the Mid-State Literacy Council?

Agency: _____ Case Worker: _____

TV Newspaper Flyer Radio Parent Friend Word of Mouth

Where can you meet with a tutor?

When can you meet with a tutor?

Morning Afternoon Evening M T W Th F S Su

How often would you like to meet with your tutor?

Do you have any preference in the gender or age of your tutor?

Do you have any questions/concerns/comments?

LEARNING STYLES

Tactile-Kinesthetic

___ Folds paper when told to make columns

___ Rocks in a chair

___ Shakes leg

___ Taps or wiggles pen, pencil, etc.

___ Reaches out to touch everything: people or things

___ Grabs the door frame to "fling" into a room

___ Does not trust eyes or ears until thing is felt

___ Is considered hyperactive

___ Collects "things"

___ Breaks up toothpicks, straws, etc.

___ Takes things apart, puts things back together

___ Talks fast, using hands

___ Tends to interrupt

___ Bears down extremely hard with pen or pencil when writing

___ Enjoys working with tools

___ Remembers best by writing things down several times

___ Plays with coins and keys in pockets

___ Chews gum, smokes, or snacks during studies

___ Learns spelling by "finger spelling" the words

___ Is good at working and solving jigsaw puzzles and mazes

Auditory

___ Loves to talk

___ Loves to listen

___ Talks to self

___ Reads aloud

___ Uses finger to read

___ Puts head near work

___ Hoods eyes with hands

___ Doesn't do well with charts and graphs

___ Needs words to go with a cartoon

___ No visual or word recall

___ Can't draw without something to copy

___ Can't use maps, needs oral directions

___ Uses jingles to learn things

___ Doesn't do well with symbols

___ Can't stand silences, needs to talk

___ Can remember more about a subject through listening than reading

___ Can tell if sounds match when presented with pairs of sounds

___ Does better at academic subjects by listening to lectures and tapes

___ Learns to spell better by repeating the letters out loud than by writing the word on paper

___ Prefers listening to the news on the radio rather than reading about it in a newspaper

Visual

___ Ignores auditory directions

___ Asks for repeated directions

___ Looks to see what others are doing

___ Gets the words to a song wrong

___ Turns the radio or TV up real loud

___ Very good speller

___ Writes lots of notes

___ Watches speaker's mouth

___ Doesn't like to talk on the phone

___ Goes off into another world when lectured to

___ Does well with charts and graphs

___ Needs maps, gets lost with oral directions

___ Can better understand a news article by reading about it in the paper than by listening to the radio

___ Feel the best way to remember is to picture it in my head

___ Find myself getting distracted by charts or pictures on the walls while someone is speaking

___ Obtains information on an interesting subject by reading relevant materials

Adapted from: Barsch Learning Style Inventory

STUDENT

Date:_____ Grant:_____ Program:_____

Student:_____ SS#:_____

Address:_____ Sex____ Race____ Dependents____

_____ Birthdate:_____

Phone: (H)_____ (W)_____ Marital Status:_____

OK to leave message?_____ School District:_____

Years of School/Level:_____ Type of Program:_____

Occupation:_____ Employer:_____

Transportation:_____ Can travel/how far?_____

Times Available:_____ Lesson time/# per wk:_____

How student learned of program:_____

If another agency, name of person making referral:_____

Motivation for participation in program:_____

Tutor Preference:_____ Male _____Female _____Age

Comments:

TUTOR	FROM	TO

	Date	Reading/Comp or ESL	Spelling	Math
Entering:				
Reassessment:				

Date exited: _____

Reason for leaving: _____

GERMANTOWN WOMEN'S EDUCATIONAL PROJECT

Name: Date

ACADEMIC GOALS	Evaluation & Comments
Reading: 1. 2.	
Math 1. 2.	
Writing 1. 2.	
Other 1. 2.	

GED PRACTICE TESTS	Completed	Goal this session	Future goal	No interest	Evaluation & Comments
Arts & Literature					
Math					
Writing					
Social Studies					
Science					

GED TESTS					
Arts & Literature					
Math					
Writing					
Social Studies					
Science					

Name:

JOB-RELATED GOALS	Completed	Goal this Session	Future Goal	No Interest	Evaluation & Comments
Career Possibilities 1. 2.					
Take Career Readiness Class					
Research Possible Training Programs					
Learn to Type					
Learn Basic Computer Skills					
SOCIAL/COMMUNITY GOALS					
Join Community Organization					
Register to Vote					
Get Driver's License					
Obtain Library Card					
ECONOMIC GOALS					
Budget					
Open/Manage Bank Account					
Other					

Name:

SELF-DEVELOPMENT GOALS	Completed	Goal for this Session	Future Goal	No Interest	Evaluation & Comments
Keep Journal					
Increase Self-Esteem					
Draw/Sing/Knit/Crochet					
Jog/Swim/Walk/Aerobics					
Learn Ways to Reduce Stress					
FAMILY RELATED GOALS					
Improve Family Communication					
Discipline/Limit setting w/ child					
Improve Child's Self-Esteem					
Get Involved in Child's School					
Family Counseling Resources					
Alcohol/Drug Treatment Resources					
Physical/Sexual Abuse Resources					
HEALTH CARE GOALS					
Vision					
Gynecological					
Prenatal					
Dental					
Other					

Name _____

ACTION PLAN

GOAL: (what I want to get done) _____

_____

STRATEGY: (how I'm going to do it)

Step I _____

Step II _____

Step III _____

RESOURCES: (what I need to do it)

Time (when) _____

Money (how much) _____

Other people (who) _____

OUTCOME: (what happened) _____

_____

If unable to complete action plan, what are the obstacles or problems which are standing in your way. What are possible ways for dealing with the roadblocks.

_____

_____

YORK COUNTY LITERACY COUNCIL
STUDENT INTAKE

FOR OFFICE USE ONLY
AR ESL FRP
LIFE LAB WRKPL
Level _____
Instructor _____
Coordinator _____

DATE: _____

NAME:(last, first, mi) _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

SSN: _____ GENDER: M F

BIRTHDATE: _____ AGE: _____

COUNTY: _____ SCHOOL DISTRICT: _____

How long have you been a resident of York County? ___ NATIVE ___ YRS ___ MOS

COUNTRY OF BIRTH: _____

RACE: Native American White Black Hispanic Asian or Pacific Islander Unknown

MARITAL STATUS: Single Married Divorced/Separated Widowed

Number Of Dependents Under The Age Of 18: _____

HOUSEHOLD STATUS:

___ Head of Single Parent Household
___ Head or Spouse of 2 Parent Household
___ Head or Spouse with no Dependents
___ Dependent Member of Household
___ Living Alone
___ Living in Group Quarters
___ Other

EDUCATION:

Highest grade level completed in school: _____

Did you receive: ___ Diploma ___ GED ___ Did not graduate

Were you enrolled in special education classes? Y N

Have you taken some university classes? Y N

Did you attend or graduate from a technical or trade school? Y N

Are you now or have you ever been enrolled in ABE classes? Y N

Are you now or have you ever been enrolled in GED classes? Y N

Are you now or have you ever been enrolled in another literacy program? Y N

Are you now or have you ever been enrolled in another ESL class? Y N

Are you now or have you ever been enrolled in another English class? Y N

Did your parents have difficulty reading? ___ Mother ___ Father ___ Both

Do you wear glasses? Y N Date of last eye exam: _____

Do you have a hearing problem? Y N

List any physical handicaps: _____

EMPLOYMENT STATUS:

___ Employed full-time
___ Employed part-time
___ Unemployed/available for work
___ Unemployed/not available for work
___ Retired
___ Disabled
___ Homemaker
___ Student

Name of employer: _____ Job Title: _____

How many hours per week do you work: _____ Hourly wage: _____

How long have you been at your present job? _____ Years ____ Months

INCOME:

Are you receiving public assistance : DPA SSI SSDI UNEMP NONE

MILITARY EXPERIENCE:

Have you ever served in the United States military? Y N

If yes, when? _____ What branch? _____

OTHER INFORMATION:

Method of transportation used to attend tutoring/classes?_____

What are your hobbies or special interests? _____

GOALS (check three): What are your goals while enrolled in this program?

___ Citizenship
___ Driver's License
___ GED (enrolled/completed)
___ Job
___ Better job
___ Survival Skills
___ Parenting
___ To achieve competency in reading/ spelling, etc. with no specific purpose in mind
___ Removal from public assistance
___ Learn better English
___ To qualify for training or military
___ To read to or help children with homework
___ Social acceptance, self satisfaction
___ Qualify for college, business school
___ Voting
___ To achieve competence in math

Of these three goals, which is your main goal:_____

Do you have a preference for a tutor? M Y/N F Y/N Either

Do you have a specific tutor in mind? _____

When are you NOT AVAILABLE to meet with a tutor? (circle)

Monday	AM	PM	EVE
Tuesday	AM	PM	EVE
Wednesday	AM	PM	EVE
Thursday	AM	PM	EVE
Friday	AM	PM	EVE

FOR OFFICE USE ONLY

ESL ONLY: (check one)

___ Student can read and write in their native language but cannot speak, read or write English

___ Student can read and write in their native language and can speak English, but cannot read or write in English

___ Student can read and write in their native language and can read and write in English, but not speak English

___ Student cannot read and write in their native language and can speak English, but cannot read or write English

___ Student cannot read and write in their native language and can not speak, read, or write in English

Annual household income:

___ Less than $10,000
___ $10,000 - $14,999
___ $15,000 - $19,999
___ $20,000 - $24,999
___ $25,000 - $29,999
___ $30,000 - $34,999
___ $35,000 - $39,999
___ $40,000 - $44,999
___ $45,000 - $49,999
___ More than $50,000
___ Unknown

Family Income Size	
1	$ 9,338
2	$12,538
3	$15,738
4	$18,938
5	$22,138
6	$25,338
7	$28,538
8	$31,738

CHARACTERISTICS:

___ Welfare recipient
___ Economically disadvantaged
___ Racial or ethnic minority group member
___ Youth
___ Structurally unemployed
___ Handicapped
___ Ex-offender
___ History of drug/alcohol abuse
___ High school drop-out
___ Senior Citizen
___ Institutionalized
___ Homeless adult
___ Immigrant
___ Limited English proficiency
___ Displaced homemaker
___ Enrolled in other federal train/ed program
___ Learning disabled
___ Prisoner

SOURCE OF REFERRAL (check one):

___ TV	___ Handouts/Mail	___ Sign/Billboard/Poster
___ Radio	___ Clergy	___ Phone book
___ Friend/Relative	___ School Counselor	___ School board, IU, School
___ Employer	___ Literacy Hotline	Announcement
___ Union	___ Other Institutional Pers.	___ Court, Probation, Parole, etc.
___ Newspaper	___ Local Board of Ed.	___ Military Recruiter
___ Special Event	___ Human Service Agency	___ Political/Public Official
___ Library	___ Other Literacy Organ.	___ Other
___ Other Student	___ Rehab Counselor	___ Unknown

Tutoring Record:

Tutor1 _____ T1 Date Begun _____ T1 Date Ended _____

T1 Time _____ T1 Place _____ T1 Termination Reason _____

Tutor2 _____ T2 Date Begun _____ T2 Date Ended _____

T2 Time _____ T2 Place _____ T2 Termination Reason _____

Tutor3 _____ T3 Date Begun _____ T3 Date Ended _____

T3 Time _____ T3 Place _____ T3 Termination Reason _____

TERMINATION REASONS:

1.	Received citizenship	14.	Student moved
2.	Family conflicts	15.	Student dissatisfied with tutoring
3.	Health/Pregnancy	16.	Student met goal
4.	Job conflicts	17.	Student reached his/her potential
5.	Student lack of interest	18.	Student died
6.	Student termination	19.	Tutor died
7.	Tutor termination	20.	Student improved basic skills
8.	Transportation problems	21.	Class completed
9.	Tutoring site	22.	Tutor fulfilled tutoring commitment
10.	Tutoring time	23.	Student entered other program
11.	Unknown	24.	Other
12.	Childcare problems	25.	Lack of available tutors
13.	Referred to other education program (tested out)		

COMMENTS:

_____

_____

_____

_____

_____

_____

YCLC ADULT READING STUDENT ASSESSMENT REPORT

NAME:_____ DOB:_____

ADDRESS_____ PH #_____

GOALS 1._____ 2._____ 3._____

EDUCATION: HS Graduate **Y/N** Last grade completed_____

EMPLOYMENT: **Y/N**

SUGGESTED MATERIALS:

WRITING	Can Do	Needs Work
PART 1 1. Filled in information form unassisted *Had to look up info* *Unable to write: Name Address Phone # SSN Zip Code*		
PART 2 2. Wrote alphabet/Recited alphabet		
3. Wrote numbers 1-20		
4. Wrote sentence *Sample atchd* **Y/N** *prompted did not attempt dictated to tester*		
PART 3 1. Able to write sentence or paragraph on specific subject *Check specific areas needing work*		
Sentence structure		
Spelling		
Punctuation/Capitalization		
Grammar		
Other		

*DNA = Did Not Assess

WORD/LETTER/SOUND IDENTIFICATION	Can Do	Needs Work
PART 1 *SURVIVAL WORDS* *circle words missed* men women don't walk one way exit enter emergency ladies gentlemen danger push pull left turn only poison no parking out of order keep out open closed do not enter no smoking police		
PART 2 *GRADED WORD LISTS* From Level _____ to Level _____		
Letter Names *(identify alphabet by name)*		
Consonant Sounds *(beginning consonants)*		
Consonant Blends		
Rhyming		
Short vowels sounds (circle ones needing work) *a e i o u*		
Long vowel sounds(circle ones needing work) *a e i o u*		
Vowel combinations (list ones needing work)		
Reversals		
Prefixes/suffixes		
Silent letters		

READING COMPREHENSION SKILLS

Level (# words)	*# Misreadings*	*Comprehension*

Date of Assessment _____

Assessed by: _____

Level assessed: Beginner 0-2 Medium 3-4 Advanced 5 and above

10/96 nl

Change Notification Form

Name_____ ❑Student ❑Tutor

From:_____ Date_____

Type of Change:

❑Address ❑Name ❑Meeting location

❑Marital Status ❑Phone ❑Meeting facility ❑Other_____

New info:_____

_____

_____

_____

Office use:

Student Change		Tutor Change			Meeting Change	
sintake____	wordstar____	Tintake ____	rolodex____	State Forms___	Sintake____	Church file___
mls_____	card file____	mls_____	cardfile____		Tintake____	
State Forms_____		wordstar____	memb2_____		Wordstar___	

(Also use form for ESL students)

Basic Reading Match Follow-Up

Tutor:_____ Student:_____

Ph #:_____ Ph. #:_____

Materials:_____

_____

Goals: 1._____ 2._____ 3._____

Date Began: Site: Key: Y/N

2 Wks/Date:_____ ☎ T__S__C__

Comments:

_____

Date:_____ ☎ T__S__C__

Comments:

_____

Date:_____ ☎ T__S__C__

Comments:

_____

Date:_____ ☎ T__S__C__

Comments:

_____

Date:_____ ☎ T__S__C__

Comments:

_____

Date:_____ ☎ T__S__C__

Comments:

SCHOOL DISTRICT _____ CLASS 96 LOCATION _____

COUNTY _____ CONTRACT NUMBER _____

TYPE OF PROGRAM: Workplace Family Literacy One-to-One

ADULT LITERACY CENTER OF THE LEHIGH VALLEY
REGISTRATION (A)
96-97

Date: _____

1. Name: _____

   Address: _____

   Zip Code: _____

2. Telephone: _____

3. Social Security Number: _____

4. Race: _____
   1 = Am. Indian
   2 = Asian
   3 = Black
   4 = Hispanic
   5 = White/Other

5. Sex: Male Female

6. Date of Birth: _____

7. Student Household Status

   _____ a single parent _____ living alone

   _____ married with children _____ living in a group home

   _____ married, no children _____ other

8. Number of Dependents under 18: _____

9. Are you

   _____ employed?

   _____ not employed/available for work?

   _____ unemployed/unavailable for work?

10. Where do you work? _____

    Full Time _____ Part Time _____

11. What is your job? _____

Name: _____

12. Are you (check all that apply)

_____ handicapped?

_____ homeless?

_____ limited in English proficiency?

_____ immigrant?

_____ going to school after working at home?

13. Do you receive welfare, SSI, Medical card? YES NO

14. Circle last grade of school completed.

01 02 03 04 05 06 07 08 09 10 11

H.S. Diploma Post High School

GED Special Education Non English Diploma

Other _____

15. How did you find out about our program?

___ School Board, IU, School announcement

___ Newspaper, radio, TV

___ Handout, mailed leaflet

___ Sign, billboard, phone book

___ Relative, friend, acquaintance

___ Employer/union-worksite announcement

___ Previously studied ABE/GED or Adult Literacy

___ School/college counselor/teacher

___ Institution or group home personnel

___ Library/other independent adult ed agency

___ Community agency/human services agency. Specify _____

___ Clergy/church group

___ PIC/JTPA SPOC program

___ Rehab. Counselor, caseworker, OES job service

Name:_____

___ Court: Probation, parole, etc.

___ Military recruiter

___ Political/public official

___ Other (none of the above)

16. Major reason for participating in program. (Check one)

____ 01. to improve job prospects

____ 02. to learn better English

____ 03. to obtain driver's license

____ 04. to obtain citizenship

____ 05. to get diploma or certificate

____ 06. to qualify for training military

____ 07. to read to or help children with homework

____ 08. social acceptance, self satisfaction

____ 09. qualify for college, business school

____ 10. required by probation, welfare, parole

____ 11. to learn with no specific purpose in mind

____ 12. to achieve competency in math

____ 13. none of the above

17. Do you have a car? YES NO

18. Do you speak a language other than English? YES NO

19. Country of origin _____

20. How long have you lived in the United States?

(1) one year or less (3) more than two years.

(2) two years or less (4) always

Name:_____

21. Have you studied English before? Yes No If yes, did you study in the U.S.? In your native country or in both?

22. If you worked in your native country, what was your occupation?

_____

23. Days of the week Available:

Time: Morning, Afternoon, Evening

24. Can you travel to meet your tutor? YES NO

==========

25. Student's Initial Entry Level. 25a. Special Needs? YES

_____ Preliterate 0-1
_____ Beginning 2-5
_____ Intermediate 6-8
_____ ABE 9-12 (with H.S. Diploma)
_____ GED Prep (9-12)

26. Assessment

A. Test Code _____ (timed)

R _____ W _____ M _____ C _____

B. Test Code _____ (untimed)

R _____ W _____ M _____ C _____

C. Test Code _____ Date: _____

R _____ W _____ M _____ C _____

27. Tutor Name _____

28. Site _____

S79628

AME: _____

Special Needs	Materials	Date to Review	Progress/Comments

'921
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NAME _____ DATE _____

ADDRESS _____ PHONE # _____

PROGRAM small group

Reading - Test _____
- Level: _____

Writing - Test _____
- Level: _____

Math - Test _____
- Level: _____

Student's Long Term Goal(s)

NAME _____ DATE _____

Student Summary: (Preferred learning style, comments on motivation, verbal communication, awareness of specific needs)

STUDENT REFERRAL FORM

Student name:_____ S.S.#_____-_____-_____

Address:_____Telephone#_____

Income: Break down & Source:_____
(Be sure to complete information on reverse side)

Circle one: Available: Morning, Afternoon, Evening, Anytime

Reason for Coming: Workforce, GED, Other

Description of need:

_____
_____
_____

Person making referral: (write self if person refers him/her self)

Name:_____Initial Referral Date:_____

Agency:_____Telephone#_____

Yes / No - Contact above with student's status
(If yes release must be signed)

CONTACT

Date	Type of contact	Initial Hrs	Message
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:_____
_____
_____

Assessment date:_____

Financial page on reverse side Person taking referral_____
L193

Contact Log

Student _____ Tutor _____

Phone No. _____ Phone No. _____

Date	Message	Initials

Name_____ Date_____

SKILLS CHECKLIST

Circle yes or no in response to the following questions.

1.	Can you write a check or money order?	Yes	No
2.	Can you write a note or phone message?	Yes	No
3.	Can you read directions on a medicine bottle?	Yes	No
4.	Can you use a bus schedule?	Yes	No
5.	Can you use coupons to shop?	Yes	No
6.	Can you use a phone book?	Yes	No
7.	Do you know how to register to vote?	Yes	No
8.	Can you keep track of appointments by using a calendar or date book?	Yes	No
9.	Can you find your place of birth on a globe or map?	Yes	No
10.	Can you read written directions?	Yes	No
11.	Can you complete a job application?	Yes	No
12.	Can you find the time for your favorite TV show by using a TV guide?	Yes	No
13.	Can you find a job or an apartment using the classified ads in the newspaper?	Yes	No
14.	Can you use a map to go to some place new?	Yes	No
15.	Can you order from a catalog?	Yes	No
16.	Can you read work related materials: time sheet?	Yes	No
	pay stubs?	Yes	No
	handbook?	Yes	No
17.	Do you do your own banking?	Yes	No
18.	Can you interpret a bank statement?	Yes	No
19.	Can you write directions?	Yes	No
20.	Can you use the library?	Yes	No

21.	Can you use books or the newspaper to find information you need?	Yes	No
22.	Can you write a letter?	Yes	No
23.	Can you locate and read material that will support your opinion?	Yes	No
24.	Can you write a letter stating a problem or complaint?	Yes	No
25.	Can you interpret a rental agreement?	Yes	No
26.	Can you prepare a resume?	Yes	No
27.	Do you have a driver's license?	Yes	No
	If no, can you pass an oral driver's test?	Yes	No
	If no, can you pass a written driver's test?	Yes	No
28.	Do you have your GED or high school diploma?	Yes	No
29.	Do you have difficulty seeing the words on this page?	Yes	No
30.	Do you have difficulty seeing the words in the phone book?	Yes	No
31.	Have you seen an eye doctor in the last three years?	Yes	No

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IEP

Name: _____

Address: _____

_____

Phone: _____ Date: _____

Individual Literacy Profile for_____ (2)

Reading:

Test Name _____

Level/Score _____

Writing:

Test Name _____

Level/Score _____

Math:

Test Name _____

Level/Score _____

Literacy Needs indicated by student in interview:

Long-term Student Goals:

_____

_____

_____

_____

_____

Basic Communication:

Vocabulary - Speaking _____

_____

_____

Individual Literacy Profile for_____ (3)

Vocabulary - Listening _____

_____

_____

Specific Communication Needs _____

_____

_____

Reading:

Vocabulary _____

_____

Word Recognition _____

_____

Comprehension _____

_____

Spelling: _____

_____

Writing: _____

_____

_____

_____

_____

Individual Literacy Profile for_____ (4)

Functional/Workplace Needs: _____

_____

_____

_____

_____

_____

_____

_____

Math:

Basic _____

Fractions/Decimals _____

Algebra/Geometry _____

Short-term goals:

Textbooks or suggested materials:

Assessed by: _____

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Individual Literacy Profile for_____ (5)

Student Summary: (Preferred learning style, comments on motivation, background information.)

S79643

Paperflow

Paper Flow Model

Example	Your Agency	Possible Changes
1. Pre orientation **A**. Students sign up by referrals, call or walk in. **B**. Scheduled by office staff. **2.** Orientation **A.** Student signs in and orientation occurs. **B.** Student completes orientation identification and information sheet and appointment is scheduled with intake worker. **C.** Orientation sheet goes to intake worker. **D**. If student doesn't show for orientation, office staff call. **E**. If student doesn't show for intake, intake worker calls. **3.** Intake occurs **A.** Complete IEP packet (cover sheet, contact sheet, release forms, testing information) and PDE Student Intake/Data Form. **4.** Completed IEP packet is forwarded to supervisor for review, enrollment and assignment of case manager. **5.** After review, packet forwarded to clerical for data entry and entry onto class lists. **6.** File is made for student's IEP packet and filed. **7.** Independent Study Students/Computer Assisted Instruction **A**. When a case manager makes a referral for a student to attend, the file is pulled and reviewed by instructor. Case manager will follow up if student does not attend open entry class.		

Example	Your Agency	Possible Changes
8. Pre-Class Activity **A.** One week before class starts, lists are printed and copied to case managers and instructors. **B.** One week before class starts, instructors pull files on class list and review. **9.** Class Start up **A.** Students sign attendance sheet for class. **B.** Attendance sheet goes to clerical for entry into database and a copy of sheet goes to each case manager. **C.** If student does not attend, instructor will call first day of class missed. Results of that call will be communicated with case manager for follow-up and documented in file. **10.** Student Participation **A.** Instructor and/or case manager meets regularly with student for revision of goals and for assessment. All progress documentation is completed in file. **11.** Case Management **A.** Case manager meets with student regularly for updating and revising IEP's. **B.** By last day of all classes, case manager meets with student to review next step. Done as a group or individually. Scheduling is arranged between case managers and instructors. **C.** If student is proceeding to another class/level, file goes to clerical to be put on a class list. **D.** If student is terminating, PDE Section Two: Completions and Impact Data form must be completed and returned to clerical for entry of termination information into database.		

Module Outlines

Agenda
Session #1

- Welcome
- Defining Case Management
- Why do Case Management?
- Roles of Case Managers
- Personal Characteristics
- Whom do we Serve?
- Student/Case Manager Relationship
- Activities of Case Management

Agenda Session #2

- Welcome Back
- Initial Case Management Activities
- Goal Setting / IEP
- Documentation / Case Notes
- Follow-up
- Preparation for Session #3

Agenda Session #3

- Welcome
- Review of Sessions 1 & 2
- Dealing with Difficult Students
- Facilitating Independence
- Paper Flow
- Case Studies
- Post-Training Work and Support